

STATE OF INDIANA) IN THE PORTER CIRCUIT/SUPERIOR COURT
) SS:
COUNTY OF LAKE) _____, INDIANA

GINGER WELIVER,)
)
 Plaintiff,)
)
 -vs-) CAUSE NO.:
)
 EFREN ORTIZ and HD SUPPLY,)
 INC.,)
)
 Defendants.)

COMPLAINT FOR DAMAGES AND JURY DEMAND

Comes now the plaintiff, Ginger Weliver, by counsel, Andrew A. Crosmer of Rubino, Ruman, Crosmer & Polen, and for her cause of action against the defendants, Efren Ortiz and HD Supply, Inc., states as follows:

1. That on or about September 10, 2019, plaintiff Ginger Weliver was operating her vehicle southbound on St Rd 49 in Valparaiso, Porter County, Indiana.
2. That at said time and place, defendant Efren Ortiz was operating a box truck leased by defendant HD Supply, Inc, southbound on St Rd 49 in Valparaiso, Porter County, Indiana.
3. At said time and place, defendant Efren Ortiz was the agent, servant, and/or employee of defendant HD Supply, Inc.
4. That at said time and place defendant Efren Ortiz was at fault in causing a collision to occur with the plaintiff's vehicle.

**EXHIBIT
A**

5. That the defendant, HD Supply, Inc, was vicariously liable for the negligence of defendant, Efren Ortiz, and negligent, reckless, and willful and wanton in the hiring, supervising, training and retention of the defendant, Efren Ortiz.

6. That as a direct and proximate result of said misconduct and fault by the defendants, the plaintiff, Ginger Weliver, was injured, some of which injuries may be permanent, incurred medical expenses, economic loss, and was otherwise damaged.

WHEREFORE, the plaintiff seeks compensatory damages which will reasonably compensate her, plus costs, including attorney's fees for any frivolously asserted affirmative defenses, prejudgment interest and any other proper relief.



ANDREW A. CROSMER, #11531-45
Rubino, Ruman, Crosmer & Polen
Attorney for Plaintiff

JURY DEMAND

Plaintiff, by counsel, demands trial by jury.

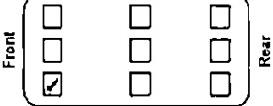


ANDREW A. CROSMER, #11531-45
Rubino, Ruman, Crosmer & Polen
275 Joliet Street, Suite 330
Dyer, IN 46311
(219) 322-8222
Attorney for Plaintiff

INDIANA OFFICER'S STANDARD CRASH REPORT Electronic Version								Page	1	of	5
 903443079								Local ID 1939968			
Date of Crash 09/10/2019	Day of Week Tue	Actual Local Time 2:55 PM	County PORTER	Township CENTER	# Motor Vehicles 3	# Injured 1	# Dead 0	# Commercial Vehicles 2	# Dead 0		
Road Crash Occurred On SR49S			Nearest/Intersecting Road/Mile Marker/Interchange CR500N			If not an intersection, number of feet from 2000		Direction N	Road Classification STATE ROAD		
Inside Corporate Limits? NO	City/Town or Nearest City/Town VALPARAISO					Property?		Crash Latitude	Crash Longitude		
Driver #1 ORTIZ,EFREN		Driver #2 WEILVER,GINGER,L		Driver #3 HOOVER,STEVEN,A			Driver #4				
<input type="checkbox"/> Primary Cause <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4		<input type="checkbox"/> Primary Cause <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4		<input type="checkbox"/> Primary Cause <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4		Area Information Hit and Run NO School Zone NO Rumble Strips YES Locality RURAL Light Condition DAYLIGHT Weather Conditions CLOUDY Surface Condition DRY Type of Median Type of Roadway Junction NO JUNCTION INVOLVED Road Character STRAIGHT/LEVEL Roadway Surface ASPHALT Construction If Yes, Construction Type NO Traffic Control Devices OTHER REGULATORY SIGN/MARKING Traffic Control Device Operational? NA					
Total Estimate of all damage in the Crash: \$25001 TO \$50000								Was this crash the result of aggressive driving? NO			
Other Property Damage (1)		State Property		Owner's Name and Address							
Other Property Damage (2)		State Property		Owner's Name and Address							
Witness/Other Participant								Non-Motorist			
<input type="checkbox"/> Witness # Name <input type="checkbox"/> Other Participant			(Last Name, First Name, MI)								
Address etc.								Non-Motorist Type	Non-Motorist Action		
Phone # Location at Time of Crash								Apparent Physical Condition			
<input type="checkbox"/> Witness # Name <input type="checkbox"/> Other Participant			Cited?	Direction							
Address etc.								Street/Highway			
Phone # Location at Time of Crash								Traffic Control?	If yes was traffic control operational?		

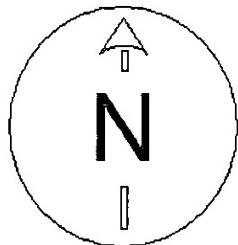
EXHIBIT
B

Local ID 1939968		903443079		Page 2 of 5
Type of Crash REAR END				
Time Notified 3:15 PM	Time Arrived 3:24 PM	Other Location of Investigation AT SCENE ONLY		
Assisting Officer CHAVEZ		ID No. 67	Agency PORTER SD	Investigation Complete? YES
Assisting Officer		ID No.	Agency	Date of Report 09/10/2019
Investigating Officer GRAF, N		ID No. 123	Agency PORTER SD	Reviewing Officer T GEAR
Narrative D1 advised he was traveling south on St Rd 49 approaching 500 N, in the right hand lane. D1 advised he was tired and may have closed his eyes for a moment. When D1 looked in front of him he observed that D2 had began to slow for the red stop light. D1 hit his brakes and swerved to the right shoulder to try and avoid rear ending V2. V1's front driver side, rear ended V2's rear passenger side. V1 pushed V2 into the rear of V3, which was stopped for the red light. V1 continued traveling on the shoulder and sideswiped V3. D2 advised she was traveling south on St Rd 49 in the right hand lane approaching 500 N. Traffic was stopped in front of V2 so V2 began to slow to come to a stop. V2 was rear ended by V1 and pushed into the rear end of V3. D3 advised he was traveling south in St Rd 49 in the right hand lane approaching 500 N. D3 was stopped in traffic for the red traffic light at 500 N. D3 advised V3 was rear ended by V2 and sideswiped on the passenger side by V1. V1 sustained moderate front end and side damage. ' V2 sustained heavy damage all around the vehicle, but concentrated on rear passenger side. V3 sustained moderate damage to the rear end and passenger side trailer and cab. Driver statements, damage to vehicles, and tire marks in the roadway were consistent with my investigation. 9/11/2019 Supplemented by D.Evans corrected V3a's Registered Owner's State.				

UNIT INFORMATION			903443079		Page 3 of 5		
Local ID 1939968							
1 Driver's Name (Last, First, MI) ORTIZ, EFREN			Safety Equipment Used LAP + HARNESS				
Address (Street, City, State, Zip) 2826 HARVEY AVE			Safety Equipment Effective? YES				
BERWYN IL 60402			Ejection/Trapped NOT EJECTED OR TRAPPED				
Date of Birth [REDACTED]	Age 36	Gender MALE	EMS No. 2818	Inmed Attn NO	Driver Injury Status REFUSED - REFUSED TREATMENT		
Driver's License # [REDACTED]	Lic Type CD	CDL Class C	Lic State IL	Nature of Most Severe Injury NONE VISIBLE			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment		Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None		Location of Most Severe Injury	
						If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	IC Codes
Test Given NONE		Type Given Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT					
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending	Drug Results				
Veh# 1	Color WHITE	Vehicle Year 2020	Make INTERNATIONAL	Model MV507 SBA LP	Style TK	Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
# Occupants 1	Lic Year 2020	License # 175048H		License State IL		 Front  Rear	
# Axles 2	Speed Limit 55	Insured By AON RISK SERVICES SOUTH INC		Phone Number 4042613400			
Vehicle Identification# 3HAEWMML7LL297156						Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Registered Owner's Name (Last, First, MI) TRUCK RENTAL LT, RYDER						<input type="checkbox"/> Same as Driver Front  Rear	
Address (Street, City, State, Zip) 3400 W LAKE ST						Vehicle Use COMMERCIAL(TAXIS,COMMON,CONTRACT)	
MEL ROSE PARK IL 60160						Emergency Run? <input type="checkbox"/> NO	
Towed? YES	To SANDBERGS TOWING	Due to Disabling Damage <input type="checkbox"/> YES					
	Lic State [REDACTED]	Lic Year [REDACTED]	Registered Owner's Name (Last, First, MI) [REDACTED]		<input type="checkbox"/> Same as Driver		
License# [REDACTED]		Address (Street, City, State, Zip) [REDACTED]					
Veh Year [REDACTED]	Make [REDACTED]						
Lic State [REDACTED]	Lic Year [REDACTED]	Registered Owner's Name (Last, First, MI) [REDACTED] <input type="checkbox"/> Same as Driver					
License# [REDACTED]		Address (Street, City, State, Zip) [REDACTED]					
Veh Year 1	Make HD SUPPLY INC						
Commercial Vehicle: Carrier's Name and Address 1 HD SUPPLY INC							
501 W CHURCH STREET							
ORLANDO FL 32805							
HAZMAT Proper Shipping Name: [REDACTED]			State DOT# [REDACTED]				
US DOT# 0000088111		ICC# 0000170762	CMV Inspection NO	If Yes			
Gross Vehicle Weight Rating 26,001# OR MORE		Cargo Body Type VAN/ENCLOSED BOX			Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE		
HAZMAT Placard NO	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #				

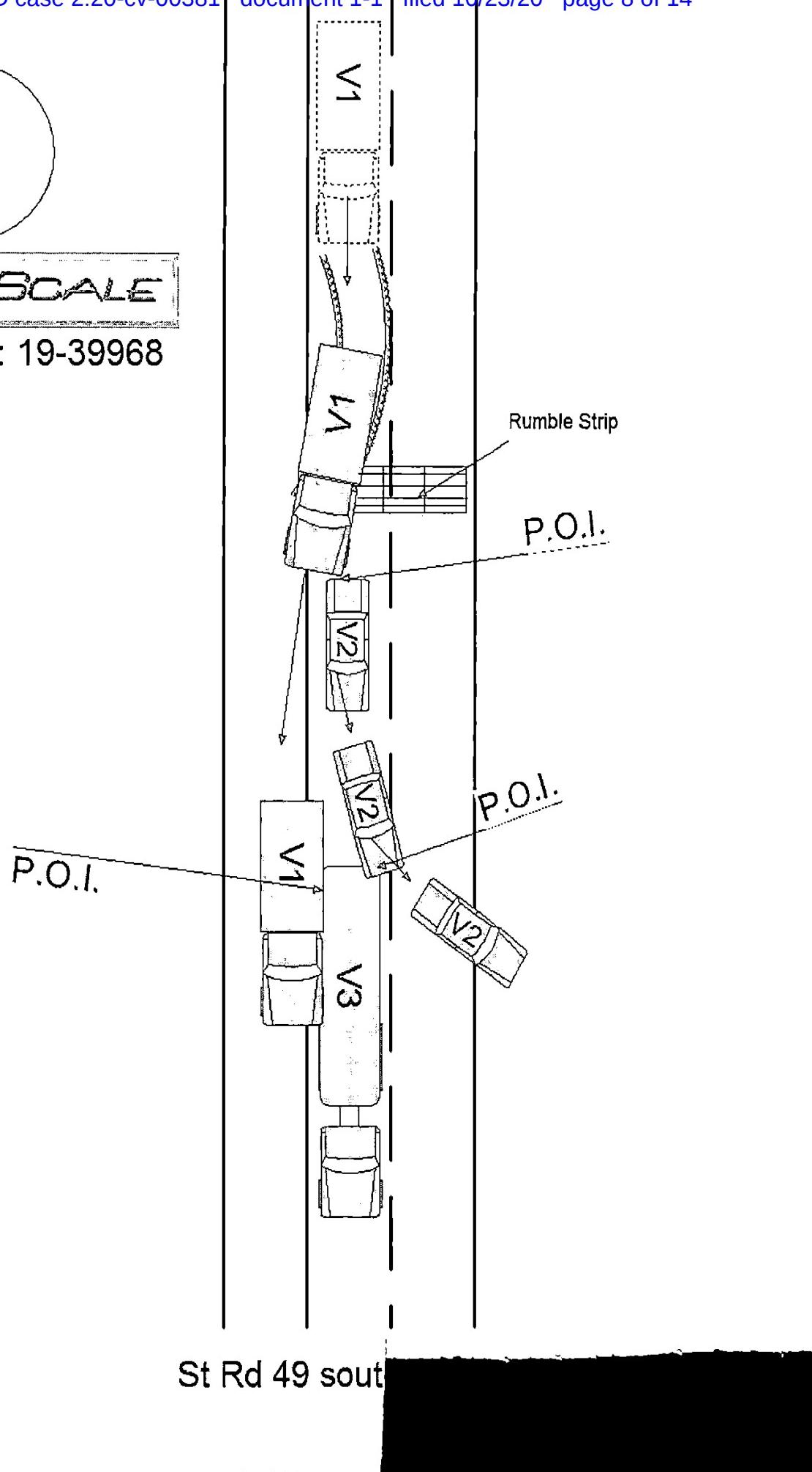
UNIT INFORMATION		903443079		Page 4 of 5	
Local ID 1939968					
2	Driver's Name (Last, First, MI) WELIVER, GINGER, L			Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip) 101 MILLET ST				Safety Equipment Effective? YES	
LAPORTE		IN 46350		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth [REDACTED]	Age 51	Gender FEMALE		EMS No. 2818	Injured Attri YES
Driver's License # [REDACTED]		Lic Type OP	CDL Class	Lic State IN	Driver Injury Status INCAPACITATING - TRANSPORTED
Nature of Most Severe Injury INTERNAL					
Apparent Physical Status		Restrictions		Location of Most Severe Injury HEAD	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		<input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment		<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None	
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT			
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending		Drug Results	
Veh# 2	Color WHITE	Vehicle Year 2016	Make NISSAN	Model VERSA	Style 4D
# Occupants 1	Lic Year 2019	License # VNU438		License State IN	
# Axles 2	Speed Limit 55	Insured By FARM BUREAU	Phone Number 2197648010		
Vehicle Identification# 3N1CN7AP7GL817128					
Registered Owner's Name (Last, First, MI) WELIVER, GINGER, L			<input type="checkbox"/> Same as Driver		
Address (Street, City, State, Zip) 101 MILLET ST					
LAPORTE		IN 46350			
Towed? YES	To SANDBERGS TOWING	Due to Disabling Damage <input type="checkbox"/> YES			
	By SANDBERGS TOWING				
Lic State	Lic Year	Registered Owner's Name (Last, First, MI)		<input type="checkbox"/> Same as Driver	
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Lic State	Lic Year	Registered Owner's Name (Last, First, MI)		<input type="checkbox"/> Same as Driver	
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Commercial Vehicle: Carrier's Name and Address					
HAZMAT Proper Shipping Name:		State DOT#			
US DOT#		ICCS#		CMV Inspection	If Yes
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		
Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE					

UNIT INFORMATION				903443079	Page 5 of 5	
Local ID 1939968						
3	Driver's Name (Last, First, MI) HOOVER, STEVEN, A			Safety Equipment Used LAP + HARNESS		
Address (Street, City, State, Zip) 4700 DEBORAH LN			Safety Equipment Effective? YES			
PLYMOUTH		IN	46563	Ejection/Trapped NOT EJECTED OR TRAPPED		
Date of Birth [REDACTED]	Age 45	Gender MALE		EMS No. 2818	Invmed Attn NO	
Driver's License # [REDACTED]		Lic Type CD	CDL Class A	Lic State IN	Driver Injury Status REFUSED - REFUSED TREATMENT	
Driver's License # [REDACTED]		Nature of Most Severe Injury NONE VISIBLE				
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> III <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment		Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None		
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT	Location of Most Severe Injury			
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending	Drug Results			
Veh# 3	Color WHITE	Vehicle Year 2017	Make MACK	Model CXU613	Style CC	Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown
# Occupants 1	Lic Year 2020	License # 2904566		License State IN		
# Axles 3	Speed Limit 55	Insured By PROTECTIVE INSURANCE CO		Phone Number 8006445501		
Vehicle Identification# 1M1AW02Y5HM080793						
Registered Owner's Name (Last, First, MI) COMPANY LLC, DOHRN TRANSFER				<input type="checkbox"/> Same as Driver		
Address (Street, City, State, Zip) 3103 W MORRIS ST						
INDIANAPOLIS		IN	46241	Front <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Towed? YES	To SANDBERGS TOWING		Due to Disabling Damage YES			
3a	Lic State IL	Lic Year 2020	Registered Owner's Name (Last, First, MI) LEASING LLC, FREIGHT EQUIPMENT		<input type="checkbox"/> Same as Driver	
License# 532882SST		Address (Street, City, State, Zip) 4975 W PERSHING RD				
Veh Year 2015	Make VANGUARD	CICERO		IL	60804	
	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)				
Veh Year	Make					
Commercial Vehicle: Carrier's Name and Address 3 DOHRN TRANSFER COMPANY						
625 3RD AVE						
ROCK ISLAND		IL	61201			
HAZMAT Proper Shipping Name:			State DOT#			
US DOT# 0000541227		ICC# 0000169753	CMV Inspection NO	If Yes		
Gross Vehicle Weight Rating 26,001# OR MORE		Cargo Body Type VAN/ENCLOSED BOX			Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE	
HAZMAT Placard NO	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #			



NOT TO SCALE

PCSP Case #: 19-39968



Department of State: Division of Corporations[Allowable Characters](#)**HOME**[About Agency](#)
[Secretary's Letter](#)
[Newsroom](#)
[Frequent Questions](#)
[Related Links](#)
[Contact Us](#)
[Office Location](#)**SERVICES**[Pay Taxes](#)
[File UCC's](#)
[Delaware Laws Online](#)
[Name Reservation](#)
[Entity Search](#)
[Status](#)
[Validate Certificate](#)
[Customer Service Survey](#)**INFORMATION**[Corporate Forms](#)
[Corporate Fees](#)
[UCC Forms and Fees](#)
[Taxes](#)
[Expedited Services](#)
[Service of Process](#)
[Registered Agents](#)
[GetCorporate Status](#)
[Submitting a Request](#)
[How to Form a New Business Entity](#)
[Certifications, Apostilles & Authentication of Documents](#)**Entity Details****THIS IS NOT A STATEMENT OF GOOD STANDING**File Number: 4416553 Incorporation Date / Formation Date: 8/31/2007 (mm/dd/yyyy)Entity Name: HD SUPPLY, INC.Entity Kind: Corporation Entity Type: GeneralResidency: Domestic State: DELAWARE**REGISTERED AGENT INFORMATION**

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON County: New Castle

State: DE Postal Code: 19808

Phone: 302-636-5401

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

Would you like Status Status,Tax & History Information

For help on a particular field click on the Field Tag to take you to the help area.

[site map](#) | [privacy](#) | [about this site](#) | [contact us](#) | [translate](#) | [delaware.gov](#)**EXHIBIT
C**



**GEORGIA
CORPORATIONS
DIVISION**

GEORGIA SECRETARY OF STATE
**BRAD
RAFFENSPERGER**

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **HD SUPPLY, INC.
(DE)** Control Number: **J802213**

Business Type: **Foreign Profit
Corporation** Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office Address: **3400 Cumberland Boulevard, Atlanta, GA, 30339, USA** Date of Formation / Registration Date: **1/26/1988**

Jurisdiction: **Delaware** Last Annual Registration Year: **2020**

REGISTERED AGENT INFORMATION

Registered Agent Name: **CORPORATION SERVICE COMPANY**

Physical Address: **40 TECHNOLOGY PARKWAY SOUTH, SUITE 300, NORCROSS, GA, 30092, USA**

County: **Gwinnett**

OFFICER INFORMATION

Name	Title	Business Address
Aaron Zeide (TREASURER)	CFO	3400 Cumberland Boulevard, Atlanta, GA, 30339, USA
Dan S. McDevitt	Secretary	3400 Cumberland Boulevard, Atlanta, GA, 30339, USA
Joseph J. DeAngelo (PRESIDENT)	CEO	3400 Cumberland Boulevard, Atlanta, GA, 30339, USA

[Filing History](#) [Name History](#)

Back

Office of the Georgia Secretary of State Attn: 2MLK, P.O. Box 313, Floyd West Tower Atlanta, GA 30334-1530, Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>
© 2015 PCC Technology Group. All Rights Reserved. Version 6.2.11

[Report a Problem?](#)

EXHIBIT

D

USDC IN/ND case 2:20-cv-00381 document 1-1 filed 10/23/20 page 11 of 14



null / ALL

Transmittal Number: 22128209

Date Processed: 10/08/2020

Notice of Service of Process

Primary Contact: Heather White
HD Supply, Inc.
501 W. Church Street
Orlando, FL 32805-2247

Entity: HD Supply, Inc.
Entity ID Number 3627425

Entity Served: HD Supply, Inc.

Title of Action: Ginger Weliver vs. Efren Ortiz

Matter Name/ID: Ginger Weliver vs. Efren Ortiz (10564223)

Document(s) Type: Summons/Complaint

Nature of Action: Personal Injury

Court/Agency: Lake County Circuit Court, IN

Case/Reference No: 64D05-2010-CT-007835

Jurisdiction Served: Florida

Date Served on CSC: 10/06/2020

Answer or Appearance Due: 23 Days

Originally Served On: CSC

How Served: Certified Mail

Sender Information: Andrew A. Crosmer
219-322-8222

Information contained on this transmittal form is for record keeping, notification and forwarding the attached document(s). It does not constitute a legal opinion. The recipient is responsible for interpreting the documents and taking appropriate action.

To avoid potential delay, please do not send your response to CSC

251 Little Falls Drive, Wilmington, Delaware 19808-1674 (888) 690-2882 | sop@cscglobal.com

**EXHIBIT
E**

Porter Superior Court 5

STATE OF INDIANA
COUNTY OF PORTER) SS:
)GINGER WELIVER,
Plaintiff

-vs-

EFREN ORTIZ and HD SUPPLY, INC.,
DefendantsIN THE PORTER CIRCUIT/SUPERIOR COURT
SITTING IN _____, INDIANA

) CAUSE NO.:

SUMMONS

THE STATE OF INDIANA TO THE DEFENDANT:

HD SUPPLY, INC.c/o Corporation Service Company, registered agent1201 Hays StreetTallahassee, FL 32301-2525

You have been sued by the person(s) identified as "Plaintiff" in the Court stated above.

The nature of the suit against you is stated in the COMPLAINT which is attached to this SUMMONS. It also states the demand which the Plaintiff has made against you.

You must either personally or by your attorney file your written answer to the COMPLAINT with the Clerk within twenty (20) days commencing the day after this SUMMONS and the COMPLAINT were personally served upon you or your agent or left for you by the Sheriff or other process server.

In the event the SUMMONS and COMPLAINT were left for you and you then receive by first class mail (not certified) a copy of the SUMMONS alone, this mailing is merely a confirmation that the SUMMONS and COMPLAINT were previously left for you. You should not consider the date on which you receive the mailed SUMMONS as the commencement date for the time period allowed for your answer. Rather, the time period allowed for your written answer commences on the date when the SUMMONS and COMPLAINT were first personally served upon you or your agent or left for you by the Sheriff or other process server.

However, if you or your agent first received the SUMMONS and the COMPLAINT by certified mail, you have twenty-three (23) days from the date of receipt to file your written answer with the Clerk.

If you fail to answer the COMPLAINT of the Plaintiff within the times prescribed herein, judgment will be entered against you for what the Plaintiff has demanded.

If you have a claim against the Plaintiff arising from the same transaction or occurrence, you may be required to assert such claim in writing together with your written answer.

The following manner of service is hereby designated: CERTIFIED MAIL

10/1/2020

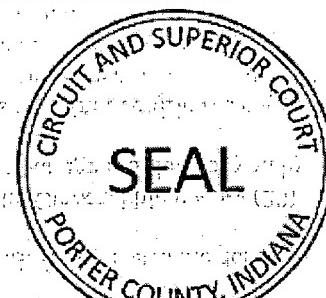
Attorney for Plaintiff: Andrew A. Crosmer

Date: _____

Ind. Atty. No.: 11531-45

Rubino, Ruman, Crosmer & Polen
275 Joliet Street, Suite 330
Dyer, IN 46311
Tel. No.: 219/322-8222

CLERK OF THE PORTER CIRCUIT AND SUPERIOR COURTS

By: *J. Bailey* BT
Deputy Clerk

PREPARATION DATA:

All Summons are to be prepared in triplicate with the original of each to be placed in the Court file with two copies available for service.

If service is by certified mail a properly addressed envelope shall be provided for each Defendant.

Certified mail labels and return receipts must also be furnished for each mailing and the cause number must appear on each return receipt, which shall be returnable to the Clerk at the address of the Court. (Form: CS 1/97)

EXHIBIT**F**

CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the _____ day of _____, 20_____, I mailed a copy of this SUMMONS and a copy of the COMPLAINT to the Defendant, _____, by _____ mail, requesting a return receipt, at the address furnished by the Plaintiff.

CLERK OF THE PORTER CIRCUIT AND SUPERIOR COURTS

Dated: _____, 20_____
By: _____
Deputy Clerk

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached return receipt was received by me showing that the SUMMONS and a copy of the COMPLAINT mailed to Defendant _____ was accepted by the Defendant on the _____ day of _____, 20_____.

I hereby certify that the attached return receipt was received by me showing that the SUMMONS and a copy of the COMPLAINT was returned not accepted on the _____ day of _____, 20_____.

CLERK OF THE PORTER CIRCUIT AND SUPERIOR COURTS

Dated: _____, 20_____
By: _____
Deputy Clerk

RETURN OF SERVICE OF SUMMONS BY SHERIFF

I hereby certify that I have served the within SUMMONS:

1. By delivering on _____, 20_____, a copy of this SUMMONS, a copy of the COMPLAINT and all other materials filed the same date to each of the within named person(s).
 2. By leaving on _____, 20_____, for each of the within named person(s) _____ a copy of the SUMMONS, a copy of the COMPLAINT and all other materials filed the same date at the respective dwelling house or usual place of abode of _____ in _____, Indiana, with a person of suitable age and discretion residing within, whose usual duties or activities include prompt communication of such information to the person served, or by otherwise leaving such process thereat, and by mailing a copy of the SUMMONS without the COMPLAINT to the said named person(s) at the address listed herein.
 3. This SUMMONS came to hand this date, _____ 20_____. The within named _____ was not found in my bailiwick this date, _____, 20_____.
- ALL DONE IN LAKE COUNTY, INDIANA.

SHERIFF OF PORTER COUNTY, INDIANA

By: _____

SERVICE ACKNOWLEDGED

A copy of the within SUMMONS, a copy of the COMPLAINT and all materials filed the same dated attached thereto were received by me at _____ in _____ Indiana, on this date, _____, 20_____.

Signature of Defendant